



NOTICE

This **ADDITIONAL ATM Registration Application** is conveniently provided to you in a user-friendly **Interactive Format**. The application **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **must** print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

REMINDER: Applicants should read the [instructions](#) in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by [email](#), or by contacting the number listed on the application.

Scroll down to begin



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OFFICIAL USE ONLY

NON-DEPOSITORY - ADDITIONAL ATM REGISTRATION APPLICATION

IMPORTANT: This application is available on our website at www.disb.dc.gov in an interactive format. The form **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **MUST** print out the completed form and follow the Initial or Renewal ATM instructions explicitly in the preparation and filing of this application. **The instructions document is an integral part of the initial and renewal registration application.** With the exception of signatures, all responses **must** be **typed** or **printed** legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number.

INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.

SECTION 1 – REGISTRATION NUMBER AND FEE

INITIAL REGISTRATION NUMBER: _____

- **Not applicable** if submitted with an Initial ATM Registration Application.
- **MUST** be entered if submitted with an ATM Registration Renewal Application.

ADDITIONAL ATM REGISTRATION FEE: \$ 50.00

SECTION 2 – DEMOGRAPHIC INFORMATION AND PROFILE

1.	APPLICANT'S Full Legal Name:			
	Trade name, D/B/A, or Assumed name (If any):			
2.	Address of ATM Location:		Contact Person: <i>(The Initial or Re-Issued Registration DECAL <u>WILL</u> be mailed to this location unless otherwise specified)</i>	
	Name:		Name:	
	Street Address:		Street Address:	
	City:	State:	Zip Code:	City:
	Business Phone #: () -	Business Fax#:() -	Phone #: () -	Fax #: () -
	Email Address:		Email Address:	
	Applicant's Federal Tax ID or Social Security Number: FEIN# _____ SSN# _____			
3.	Provide the Installation Date of the ATM: ____ / ____ / ____ Month Day Year			
4.	Provide the Serial Number, Data Line or Account Number of ATM: _____			
5.	Indicate the type of <u>SERVICE(S) TO BE PROVIDED</u> by this ATM and the TRANSACTION FEE (S) . (Check <u>ALL</u> that apply)			
	<input type="checkbox"/> Dispense Cash	\$.		
	<input type="checkbox"/> Determine Account Balances	\$.		
	<input type="checkbox"/> Transfer Funds Within an Institution	\$.		
	<input type="checkbox"/> Other Service(s) (If you checked "other" provide an explanation on a separate sheet of paper)	\$.		
	If you checked "Other", provide an explanation of the service(s) below:			

SECTION 3 – APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

"I/WE, CERTIFY THAT THE FOREGOING INFORMATION SET FORTH IN THIS APPLICATION, TOGETHER WITH ANY INFORMATION PROVIDED IN REQUIRED ATTACHMENTS HERETO, IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE."

By _____
Signature

Print Name and Title

By _____
Signature

Print Name and Title

THIS FORM MAY BE DUPLICATED AS NEEDED